

DBA Name: _____ Account No: _____

Voluntary Election of Coverage for Excluded Employment

Check the types of non-covered employment you wish to cover:

- ☐ Corporate Officers ☐ Domestic _____
- ☐ Fishing ☐ Other (Specify) _____

Indicate the date you request coverage of excluded employment to be effective: _____

Signature and Title _____

Business Phone _____

If you represent a corporation and wish to have corporate officers covered,
all officers must be covered as a group.

This agreement, when approved, is binding for the remainder of the calendar year in which it is received and two additional years. Coverage continues in effect on a yearly basis until either you or the Agency terminates the agreement in writing before March 15 of the year for which the termination is requested. In the event your taxes become delinquent, the Agency reserves the right to cancel your Voluntary Coverage election effective the quarter the taxes become delinquent.

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Additional Worksites (See instructions on Page 2, Item 11)

Second Worksite

Name (Doing Business As) _____				
Mailing Address _____	City _____	State _____	Zip _____	Business Phone _____
Physical Address _____	City _____	State _____	Zip _____	FAX Number _____
Describe (<i>IN DETAIL</i>) the major product sold or service you provide in Alaska _____		% Gross Alaska income from this activity: _____		Number of employees in Alaska: _____

Other Address Usage Information

Name of where Rate Notices should be Mailed to: _____				
Mailing Address _____	City _____	State _____	Zip _____	Phone Number _____
				Fax Number _____
Name of where Quarterly Report Forms should be mailed to: _____				
Mailing Address _____	City _____	State _____	Zip _____	Phone Number _____
				Fax Number _____